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ABSTRACT

Parents who live with and deal with anorexia nervosa in a daughter often find themselves in crisis. The parent group is one response to that crisis. This study surveyed 30 Montana treatment centers, the 13 Montana AA high schools, and the 12 Montana colleges, universities, and junior colleges to determine what, if any, parent groups existed and what services were offered to students with eating disorders. Letters were sent to five national and international eating disorders associations, and phone calls were made to one national and one world organization. The questionnaires, letters, and phone calls were an attempt to try to find people and places for parents to contact for support with this problem. All of the national associations either proposed a specific model of self-help or support group for parents and family members, or they offered suggestions and help with starting such groups. The national groups also offered newsletters, membership, and information on the eating disorders, research, treatment, and related topics. Most had referral lists for medical and psychological treatment and had community education and awareness programs. They all gave a telephone numbers and addresses for further information. More research is needed so that professionals in the field of eating disorders will recognize the value of the parent group as a source of help for families of victims of anorexia nervosa and other eating disorders. Specific information on all parent and support groups is included. (LLL)

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COLLEGE OF GREAT FALLS

Great Falls, Montana

ANOREXIA NERVOSA - PARENTS IN CRISIS

THE PARENT GROUP

Colleen Kirkpatrick Hueth

MASTER OF HUMAN SERVICES

in

EMPHASIS: THE FAMILY

August, 1991

BEST COPY AVAILABLE

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This is lovingly dedicated to Karina Kirkpatrick Hueth, without whom this author would not have undertaken this study.

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I have a special gratitude to the Parent Group of which I am a part.

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ABSTRACT

The fight out of anorexia nervosa may be a fight to the death. How do parents deal with the dying of a daughter?

This paper is an attempt to show anorexia nervosa as a serious, life-threatening, sometimes fatal disorder which often sends parents into crisis.

Questionnaires were sent to thirty-five Montana treatment centers, the thirteen Montana AA high schools, and the twelve Montana colleges, universities, and junior colleges. Letters were sent to five national and international eating disorders associations. Phone calls were made to one national and one world organization.

The questionnaires, letters, and phone calls were an attempt to try to find people and places for parents to contact when they found themselves in the midst of the crisis of dealing with a child and an eating disorder.

Results of the surveys are included.

INTRODUCTION

My child was...

...Vivacious

...Charming

...Unassuming

...Accommodating

...Talented

...Precocious

...Conforming

...Helpful

...Non-demanding

...Non-complaining

...Super sensitive

...Intuitive

...Dependent

...Child-like

...The perfect child

...The super student

...The "special daughter"

...Close to me...

She became.....

...A different person

...The symptom bearer

...The one honest enough to bear the family symptom

...The one capable of restructuring the family

...Moody

...Defensive

...Manipulative

...Controlling

...Over-bearing

...Destructive

...Abusive

...Hateful

...Self-centered

...Irrational

...Possessed

...Frightening

...Unlaughing

...Far from me...

In December, 1985, the week of her thirteenth birthday, my daughter became ill with anorexia nervosa.

I recognized the illness very early in its course. My child was of normal weight in December, 1985. She missed her menstrual period in January, 1986, and from then on was amenorrheaic until Easter of 1990. In March, when she had missed her third period and had begun to loose weight, I suspected she had anorexia. During the next couple of months I took her to her pediatrician, who said her condition was not severe enough to be anorexia nervosa. I sought out a counselor whom I believed to be experienced with eating disorders. Neither the pediatrician nor the counselor diagnosed anorexia nervosa for several months.

By January, 1987, my daughter became hospitalized and remained in the hospital on and off for the next year and a half. The hospital time included a six-week, eighteen thousand dollar treatment in an eating disorder unit of a large metropolitan hospital and in-patient and out-patient services. Other services available during the most active phase of her illness were her pediatrician, a counselor, and a dietician. They all worked long hours toward her recovery.

My daughter met all the criteria in the DSM III-R (Diagnostic And Statistical Manual III Revised, Rapoport & Ismond, 1989) for anorexia nervosa. She refused to maintain a body weight that was minimally normal for her age and height. Her body weight dropped from one hundred fifteen pounds to

sixty-nine pounds, more than fifteen percent below her expected minimal normal weight. She permanently stunted her height growth by failing to make expected weight gain during periods of growth. She experienced the absence of at least three consecutive menstrual cycles which were expected to occur.

She had an intense fear of gaining weight and of becoming fat even though she was underweight. She was disturbed in the way she experienced her own body weight, size, and shape. She felt fat even though she was emaciated. She believed certain areas of her body were fat even though she was obviously underweight (Rapoport & Ismond, op cit).

For me, her mother, there was no phone number, no help, no place to turn. One person - another mother of another anorexic child - telephoned me several times during that year and a half. This was the only contact I had with another sufferer like myself. I had never met the woman, but the phone calls touched me in the midst of crisis. Later, in 1989, when I found the Great Falls Parent Group I met the woman face to face. In the parent group, I found other parents like myself who were surviving the crisis of anorexia nervosa and bulimia.

Purpose

The purpose of this paper is to show anorexia nervosa in a child as a potentially life-threatening disorder which often presents a crisis for parents, and to present the parent

group as one response to that crisis. A further purpose is to begin a directory where Montana parents can look for help when faced with anorexia nervosa or a related eating disorder in a child.

Limitations

Although five to ten percent of the people with anorexia nervosa are male, this study refers to the sufferer as "she" or "daughter". Most of the literature on anorexia nervosa deals only with the female.

This paper is about the crisis for parents and does not mention the equal trauma for brothers and sisters of sufferers of anorexia nervosa and other eating disorders.

Information from the questionnaires, especially the personal contacts, is subject to change.

Although some of the information received was double checked for accuracy and currency, most of the information from the various resources was accepted without further check.

Some of the references from the national and international eating disorders associations are incomplete.

Most of the Parent Group Survey cards were returned with names and addresses of the treatment centers and schools, but some were not. The cards could have been coded so the researcher would have known which cards were returned, even without the names and addresses given.

Explanation of Terms

A "parent group" may be regarded as any parent to parent contact made by parents of children with eating disorders that helps the parents emerge from the crisis of having a child who is eating disordered.

"Other eating disorders" or "related eating disorders" can include bulimia, compulsive overeating, or any other variety of food abuse.

"Compulsive eaters" refers to any type of compulsive eating, including overeating, restricting, or any compulsiveness between the two extremes.

"Control" in the discussion section refers to surface control or manipulation skills of the child with the eating disorder.

A VIEW OF THE LITERATURE

Anorexia nervosa is a physiological, psycholcqical, and behavioral disorder typically affecting a certain segment of the population. Ninety to ninety-five percent of the patients are women; ninety-seven percent are white; ninety-two percent are between the ages of thirteen and twenty-two at onset; and ninety-seven percent are middle to upper-middle class (Mitchell, 1985; supported, in general, by Brumberg, 1988; Palmer, 1980; Rapoport & Ismond, op cit).

The young women are often perfectionistic, aggressive and energetic, and intelligent and high achievers (Mitchell, op cit). Usually, sixty-five to eighty-five percent of the time, they are not overweight when they begin to diet (Mitchell, op cit; Rapoport, op cit). One to four percent of high school and college girls are affected (Kinoy, 1984; Mitchell, op cit). While ten percent of the sufferers have mothers or sisters with an eating disorder, ninety percent have at least one parent who watches weight obsessively (Mitchell, op cit). Five to eighteen percent of those afflicted die from the disorder (Rapoport & Ismond, op cit).

Historically, anorexia, both as a symptom of disease and as a disease in itself, has been a fascinating and perplexing phenomenon. Women who voluntarily refuse food and starve themselves have been noted throughout history (Brumberg, op cit).

Catherine Benincasa, or Saint Catherine of Siena, lived

during the mid to late thirteen hundreds.[9] Bell (1985) refers to her as a holy anorexic. Her holiness, or mental state, could very well be recognized today as having parallels to anorexia nervosa. She fasted from an early age, had a low body weight, and appeared emaciated. As her life progressed, she became ill whenever she ate so she ate very little of anything or vomited after eating. Food, eating, and related issues were constantly on her mind. She seemed to have boundless energy and required little sleep.

Catherine's family dynamics appeared to be related to the anorexia. Her father was described as belatedly understanding and her mother as too worldly. Her self denial took various turns with different events that occurred in the family. She intensified her fasting when a sister would die or when she became fearful that her mother would not be saved. Catherine became the "good girl", bargaining with God so that her penance and fasting would save her family from eternal damnation. There seemed to be no limit to her sacrifice, denial, and overcoming of bodily functions and no limit to her perfectionism (Bell, op cit).

The modern diagnosis of anorexia nervosa began approximately three hundred years ago with Dr. Richard Morton. In 1694, in his Treatise On Consumptions, he diagnosed the starving condition of a young female patient as "nervous consumption". He attributed the condition to "sadness and anxious cares" (Brumberg, op cit).

William Stout Chopley , in 1859, published a description

of sitomania, or an "intense dread of food", in the American Journal Of Insanity. He tried to classify his patients and he distinguished the adolescent girl as a specific type of food refuser. He reported that food-refusing girls entered the asylum in a state of emaciation, but only after attempts at treatment by their family doctor had failed (Brumberg, op cit).

In 1873, two physicians independently published detailed descriptions of the disorder. These contemporaries were an Englishman, Sir William Withey Gull and a Frenchman, Dr. E. C. Laseque. Gull first called the condition "anorexia nervosa", which he said was due to a morbid mental state. His contemporary, Dr. Laseque, described the disorder as a variant of hysteria. Gull's and Laseque's descriptions of anorexia nervosa are still very recognizable today (Brumberg, op cit).

Physical symptoms of anorexia nervosa, including a thinness that is painful for others to behold, have been described by Mitchell (op cit), Palmer (op cit), and Rapoport and Ismond (op cit). A victim suffering from the disorder may have a low body weight, low blood pressure, low body temperature, and slow pulse rate. Her eyes may be glazed, her skin dry and flaky, and her hair thin. She may have a thin downy fuzz covering her body. Her legs, ankles, and feet may swell and her arms and legs may appear bluish. Constipation, abdominal pain after eating, and difficulty sleeping are common. An electrolyte imbalance may occur,

with a potassium depletion being especially dangerous. A loss of normal endocrine functioning occurs with cessation of menstruation or amenorrhea in women.

Mitchell (op cit), Rapoport and Ismond (op cit), Alcoholics Anonymous (1984), Palmer (op cit), Siegel, Brisman, and Weinshel, (1988), Tischler (1987), and Kinoy (op cit) report psychological symptoms of anorexia nervosa. A major symptom and diagnosing characteristic of the disorder is an intense fear of food, of weight gain, of normal body weight, and of fat. Obsessive thinking, including preoccupation with food and weight, and perfectionism, is further evidence of the disorder. The sufferer is in an unconscious denial of the illness, a denial of feelings, and a delusional body image. She looses the ability to concentrate and to think rationally. She may experience mood shifts, anxiety, depression, and/or self-destructive and suicidal impulses. She may have to deal with excessive dependency issued, inability to separate or individuate, and unresolved Electra and competition issues. Psychosexual development may be delayed. The sufferer may reject her femininity or regress to a pre-pubertal condition. Boundary problems, including incest, are often present.

Tischler (op cit) described the anorexic's behavior as unconsciously masochistic. Tischler (op cit), Mitchell (op cit), Palmer (op cit), Siegel, Brisman, and Weinshel (op cit), Rapoport and Ismond (op cit), and Minuchin (1878) have further described her behavior as follows. Although the patient talks about food excessively, she eats very little and phobically

avoids food, especially high calorie food. She compulsively prepares food for others while compulsively hoarding, hiding, and throwing away food for herself. She compulsively cuts, chews, crumbles, and moves food around on her plate while consuming only a minimal amount. Ritualistic and uncontrolled binging and purging may occur. Other compulsive behaviors including exercising, athletic performance, scholastic achievement, and grades often accompany the disorder. The person with the disorder is excessively manipulative, often rearranging family structure and processes. She isolates from family and friends, rejects expressions of care and concern from others, and battles with parents about weight and eating.

Anorexia nervosa is currently described in the DSM III-R (Rapoport & Ismond, op cit). This disorder typically begins in adolescence or early adulthood. The person afflicted refuses to maintain a body weight that is normal for her age and height and fails to make expected weight gain during periods of growth. She may loose weight to a maintenance of body weight at least fifteen percent below her expected normal weight. The patient has an intense fear of gaining weight and an intense fear of becoming fat even though she is underweight. There is disturbance in the way her own body weight, size, and shape are experienced. The patient may feel fat even though she is emaciated and may believe a certain area of her body is fat even though she is obviously underweight. A person with anorexia nervosa is preoccupied with her body size. There is an absence of at least three

consecutive menstrual cycles which are expected to occur, (i.e., the patient experiences primary or secondary amenorrhea). Loss of appetite is rare with the disorder. The young girl accomplishes the weight loss despite the hunger by reducing the amount of food she eats and often by excessive exercising. Self-induced vomiting and use of laxatives and diuretics are often associated with the disorder. The onset of the disorder is sometimes associated with a stressful life situation. About one-third of the victims were mildly overweight before they became ill. Many of the sufferers have been described as perfectionistic or model children. Most commonly, anorexia nervosa presents with a single episode followed by a return to normal weight; but it may be episodic or unremitting until death. Mortality rates are reported between five and eighteen percent.

Russell (1970, in Palmer, op cit) proposed three essential features of anorexia nervosa.

1. Behavior, including overeating, vomiting, excessive exercise, and avoidance of fattening foods which lead to a marked loss of body weight.
2. An endocrine disorder manifest by amenorrhea in females.
3. A morbid fear of becoming fat, expressed either directly or indirectly in her behavior.

Kinoy (1985) describes anorexia nervosa as a condition with profound psychiatric and physical components. It is characterized by self-starvation with a twenty to twenty-five

percent body weight loss. Other characteristics include: amenorrhea, hyperactivity, distorted body image, electrolyte imbalance, food binges followed by fasting, vomiting, or laxative use, obsession with food, and depression.

Anorexia nervosa is clearly devastating for the person afflicted; but what about the parents? How do parents cope when a child has anorexia nervosa?

Chipley, a mid nineteenth century asylum doctor, had called attention to the young woman as a specific type of food refuser. He described the parents and the behavior of such a daughter, "The intense anxiety of a loving father, the deep indescribable agony of a devoted mother, the pallid cheeks and fast-falling tears of all who surround the couch, have no other effect on these subjects than that of incentives to carry the gross imposition to extreme lengths" (pp. 8-9, Chipley, 1859 - in Brumberg, op cit, p. 109).

Other nineteenth century physicians (Brumberg, op cit) blamed parents for failing to assert their moral authority or for being weak, and giving in to the demands of a spoiled daughter. Mothers would cry and fathers would raise their voices or make threats. Kinoy (op cit) describes the whole family as being on pins and needles with mother pleading with the daughter to eat and father complaining that mother is too weak and the daughter simply must eat. Kinoy (1984) reports a common phrase of family members of daughters with anorexia nervosa is that it is like walking on eggs.

The American Anorexia/Bulimia Association's Book Committee

(Kinoy, op cit) conducted a study in which questionnaires were sent to people around the country seeking information from family members of those afflicted with anorexia nervosa. Two major problems were reported. The most common were problems related to purchase, selection and preparation of food. Second, was fear about the sufferer's health and concern about getting her to eat.

The experience for parents can be frightening and frustrating (Mitchell, op cit). Parents may feel helpless to care for the child they once cared for so well. They may be angry at her bizarre behavior, resentful over the disruption the disorder is causing the family, and guilty for not being better parents who may have prevented their daughter's starvation disorder.

Parents of children with anorexia nervosa must mourn the loss of the image they previously had of their child (Lewis & MacGuire, 1985). Parents of these daughters may feel despair, helplessness, failure, anger, and loss of confidence in their ability as parents. Where there was once a faith that life would hold some joys and rewards there is now tension, uncertainty, hopelessness, depression, and sadness (Kinoy, op cit).

Equally devastating for parents, along with the starvation of a daughter, is the popular and unscientific description of parents in articles, books, research papers, and even in their daughter's medical charts. Mothers of daughters with anorexia nervosa have been described as over-protective,

intrusive, anxious, perfectionistic, controlling, overbearing, domineering, and conflictual; while fathers have been described as withdrawn, passive, emotionally constricted, obsessive, moody, ineffectual, and milk toast [milquetoast].

The trend in treatment for anorexia nervosa may also cause parental distress. Children are still often treated in isolation from their families as they were in the eighteen hundreds. Most nineteenth century doctors agreed that the person suffering from the disorder should be put under the care of strangers, away from home. This treatment model comes mostly from Jean-Martin Charcot and Silas Weir Mitchell. Charcot, a nineteenth century French psychiatrist, argued that isolation was always the most effective treatment and he spoke against parents who refused to leave their daughter alone. Mitchell, a nineteenth and early twentieth century American doctor, advocated total seclusion, bed rest, a skim-milk diet, and massage as treatment for female nervous disorders. Doctors almost uniformly endorsed the idea that a necessary first step in returning the anorexic daughter to health was removing her from the home (Brumberg, op cit).

Today hospitals, mental health centers, eating disorder clinics, and individual therapists treat anorexia nervosa (Mitchell, op cit). Although many treatment programs involve the family, the child with the disorder is still treated primarily in isolation from the family. Health professionals still direct the treatment of the child leaving parents to trust in their expertise. Parents today are still intimidated

in seeking out the kind of treatment they want for their child and in helping to plan and participate in the treatment. More research into causes and treatment is needed so family members, especially parents, do not feel so isolated and in the dark about the disorder, its prognosis, and the hope for effective treatment.

Professionals alone are not the experts in this field. No treatment model or method has been shown to cure anorexia nervosa. We, the parents and sufferers, share with the national eating disorders associations and professionals the role of expert in the field of eating disorders.

Parents who live with and deal with anorexia nervosa in a daughter, often find themselves in crisis. The parent group is one response to that crisis. Parent groups for parents of children with anorexia nervosa and other eating disorders are springing up around the country (Kinoy, op cit). Both formal and informal groups are emerging in a variety of formats. Groups may be led by a professional or by a family member. Some groups are co-led by a professional and a parent or other family member who has experienced the illness. In other groups there are no recognized leaders and parents take turns leading the meetings. Some very informal groups may be nothing more than parent to parent contact. The parent group and various models will be discussed. National and international eating disorders associations, as resources for parents, will be discussed.

The American Anorexia/Bulimia Association (AA/BA),

originally the Anorexia Nervosa Aid Society, was founded in 1978, by Estelle B. Miller (Kinoy, op cit). She was both a professional and a mother of a daughter with anorexia nervosa. Miller had originally intended to start a parent support program locally and nationally, but to protect her daughter's anonymity, she began the society as a mental health professional interested in anorexia nervosa. Today the association has gone national and has developed chapters around the country.

The AA/BA was founded to promote education, self-help, and research, "To provide services and programs for anyone involved with anorexia nervosa and to aid in the education, research, cure, and prevention of this illness" (Kinoy, op cit, p. xxii). The founder and board of directors attempted to make the society broad-based and varied.

The support groups meet once or twice a month and are intended to be used along with medical and psychological care and treatment. The AA/BA aims to make the groups non-coercive with a permissive atmosphere. The first support group for sufferers of anorexia nervosa and the first parent support group met within several weeks of the first board meeting in 1978 (Kinoy, 1985).

While the AA/BA considers these groups a part of the self-help movement, their groups "represent a particular model in which the professional and non-professional contribute mutually, each bringing an expertise" (Kinoy, op cit, p. 73) to the group. Both the parent group and the sufferers' group

are co-led. Each group is led by a professional and co-led either by a recovered anorexic/bulimic or by a parent, spouse, or sibling of a recovered anorexic/bulimic.

The non-professional parent or family member leader must have insight about themselves, the course of the illness, and recovery. They must also have a good awareness about their role in the family and their relationship to the sufferer. The mental health professional co-leader donates services to the group and is a social worker, psychologist, or psychiatrist. The professional co-leader is the facilitator while the family member takes the lead (Kinoy, op cit).

Kinoy (op cit) reports some observations about the group for parents and family members. The group helps end the feeling of isolation created by the illness and allows parents to compare themselves and their reactions with other parents. Parents begin to trust in their own judgment and learn not to accept the stereotyped image that clinicians and theorists have about typical parents of anorexics. Parents learn to build on their already existing strengths and use the parent leaders as role models. They also discuss information about resources and options.

The AA/BA offers informational meetings and support groups for sufferers of anorexia, bulimia, and their families. It provides information and referral services and community education programs. Other services include a speaker's bureau, a quarterly newsletter, and a telephone helpline (American Anorexia/Bulimia Association of Philadelphia, no date).

Membership fees and voluntary contributions are the only source of funds which enable the association to continue its work. There are benefits of becoming a member. Members receive a quarterly newsletter and are able to attend general meetings and support group meetings at reduced fees. Members also receive invitations to special AA/BA sponsored programs (American Anorexia/Bulimia Association, no date).

The National Association of Anorexia Nervosa and Associated Disorders, or ANAD, was founded in 1976, by Vivian Meehan. ANAD is the first national, non-profit, educational, and self-help organization in the country. Meehan founded the organization in response to the needs of those suffering from anorexia nervosa and bulimia and their families. The association is dedicated to the cure and prevention of eating disorders, especially anorexia nervosa and its associated disorder, bulimia. Its self-help goals are to have an ANAD support group in every community and to aid in resolving the difficulties of anorexics, bulimics, and their families (National Association of Anorexia Nervosa and Associated Disorders, no date).

ANAD operates on a small budget, does not receive endowments or grant money, and has no paid executives. Membership is fifteen dollars a year and includes a quarterly newsletter. ANAD offers all their services free which include counseling, information and referrals, self-help groups for victims and parents, educational programs, and a listing of therapists, hospitals, and clinics treating anorexics (National

Association of Anorexia Nervosa and Associated Disorders, op cit).

ANAD will assist parents in starting a support group, by sending their booklet; ANAD: Applying New Attitudes and Directions. The booklet includes an eight-step, self-help program and other detailed support group information. They will also send a support group packet, and a list of contact people in your area. ANAD encourages research, will send detailed descriptions of the eating disorders, and will answer questions by mail or telephone (Ries, no date).

For approximately two and a half years, until the summer of 1990, there was an ANAD support group in Montana, ANAD of Libby. The group started out as a large group of parents, spouses, and interested friends and met weekly until the summer of 1990. At that time some of the girls went away to college, some of the families moved away, and there no longer seemed to be such a need, for various other reasons (Leimbach, 1991).

Linda Leimbach (op cit) from Libby, was a Montana contact person and she reported on the success of the group. The meeting format was the eight step ANAD program. Both the victims of anorexia nervosa and bulimia and their parents met in one group for the opening and introductions. Then the group split into two groups, one for the sufferers and one for the parents. Although the Libby group used the ANAD format, they adapted it to their own specific needs.

A chemical dependency counselor had started the group

when he was working with those suffering from anorexia nervosa and their families. Although the counselor began the meetings and stayed with the group initially, he did not continue to moderate it for the two and a half years (Leimbach, op cit).

The group became known because its weekly meetings were announced on the radio, listed with the Chamber of Commerce, and announced on flyers in doctor's and dieticians' offices (Leimbach, op cit).

Libby, a town of about two thousand with approximately ten to twelve thousand in the surrounding area, reported a very successful ANAD group (Leimbach, op cit).

The National Anorexic Aid Society, Inc., NAAS, was founded in 1977, by Patricia Howe Tilton. She was interested in helping people with anorexia nervosa, bulimia nervosa, and related problems find treatment and education. NAAS's mission is to help people with these eating disorders and to educate those who help them. NAAS became affiliated with the Center for the Treatment of Eating Disorders, or CTED, in 1983. CTED engages in research and provides outpatient treatment for anorexia nervosa, bulimia nervosa and related problems. In March, 1989, NAAS and CTED joined with Harding Hospital which has an inpatient unit for eating disorders. The hospital is a not-for-profit psychiatric hospital in Worthington, Ohio. Presently, NAAS serves educationally, CTED serves outpatients, and Harding Hospital serves inpatients (Hill, no date).

NAAS provides a quarterly newsletter, a bibliography, information about the eating disorders, a packet for developing

and running support groups, an international referral list of professionals and support groups, a speaker's bureau, a hotline, and an eating disorders library with books and video tapes (Hill, op cit).

Since 1978, the society has designed and led support groups for those afflicted with eating disorders and their families. NAAS offers a packet on developing and managing self-help support groups entitled "Self-Help and Support Groups in the Management of Eating Disorders". They do not, however, formally affiliate chapter support groups (Hill, op cit).

NAAS programs and services are possible through membership fees and donations. Yearly membership, which includes a quarterly newsletter is twelve dollars for students, twenty dollars for individuals and families, and thirty-five dollars for organizations (Hill, 1990).

Bulimia Anorexia Self-Help, Inc., or BASH, is the first national eating disorders association to have bulimia in its name. The association was founded in 1981, by Dr. Felix E. F. Larocca (Larocca, 1984). BASH is "a non-profit, self-help organization committed to understanding, support and dissemination of knowledge on issues concerning anorexia, bulimia, mood and related disorders" (Larocca, 1989, cover). BASH Bulimia Anorexia Self-Help, addresses eating disorders; while BASH, Behavior Adaptation Support and Healing, addressed the mood disorder component of the program.

BASH operates an eating and mood disorder unit at Deaconess Hospital in St. Louis, Missouri, where individualized

care is offered. A Transitional Recovery Program and an Intermediate Care Program are offered for those requiring care between acute hospital care and the home (Larocca, op cit).

BASH offers meetings at Deaconess Hospital on the third Saturday of the month. There is another meeting at Parkway United Church of Christ in west St. Louis County on the fourth Saturday of the month. Both meetings have an educational presentation followed by self-help groups. Both are free and open to the public (Larocca, op cit).

BASH began in response to the needs of those afflicted with eating disorders and their families. Their small meetings soon became crowded and began to serve a therapeutic and an educational function. The meetings are varied to meet a wide range of needs. Facilitators are trained and come from those who work with the BASH organization as clinicians, doctors, and therapists (Larocca, op cit).

The St. Louis group is unique in organizing and professionally supervising the facilitator training program. Facilitators are trained in the basics of group process and are taught to use these skills to form a cohesive group capable of behavior change and the creation of an atmosphere of support (Wempner, 1984). Bash offers two books, Facilitator's Training Manual and A Public Primer on Eating Disorders, for those interested in the BASH approach to treatment and self-help (Larocca, 1988). The association also disseminates information, provides a speaker's forum

to instruct the public on eating disorders and related issues, has a twenty-four hour open phone line for those who need support or information, and has a newsletter (Larocca, 1988).

ANRED, Anorexia Nervosa and Related Eating Disorders, Inc., "is a national, non-profit organization that collects information about eating disorders and distributes it to anorexics, bulimics, families, school personnel, students, and medical and mental health professionals" (Rubel, 1985, p. 10).

ANRED works with Sacred Heart General Hospital in Eugene, Oregon to provide information, inpatient and outpatient treatment, aftercare, and support groups for sufferers of anorexia nervosa and bulimia and their families. The association conducts workshops and seminars around the country to help people identify and understand the eating disorders. It provides speakers for churches, schools, clubs, and other groups, and trains counselors and psychotherapists who work with eating disordered clients (Rubel, op cit).

ANRED's self-help groups are generally small, voluntary networks that give members encouragement and support. Meetings are led by members and the groups usually have a professional advisor. ANRED does not advocate a specific type of support group but generally offers suggestions (Rubel, no date).

The ANRED Alert is their monthly newsletter which

contains current research, self-help tips, encouragement for family members, recovery stories, and therapy techniques and innovations. The cost is ten dollars a year. ANRED also offers several other pamphlets and information on ANRED treatment programs (Rubel, op cit).

"O-Anon is a fellowship of friends and relatives of compulsive overeaters. O-Anon is not part of, but does work in cooperation with Overeaters Anonymous" (O-Anon, 1987). O-Anon has adapted the Twelve Steps and Twelve Traditions used by Overeaters Anonymous, just as Al-Anon has adapted them from Alcoholics Anonymous. The Twelve Steps and Twelve Traditions of all these Twelve Step Programs are originally adapted from Alcoholics Anonymous World Service, Inc.

O-Anon members have found that in O-Anon they are able to cope with the demoralization and devastation a person with an eating disorder can bring to a family or to a relationship. They seek serenity in their own lives by practicing the Twelve Steps and Twelve Traditions themselves, by giving comfort to compulsive eaters and overeaters, and by trying to understand and encourage the compulsive eater (O-Anon, op cit).

O-Anon General Service Office (GSO) is a non-profit organization formed to support the O-Anon family groups and meetings. O-Anon has a quarterly newsletter available for three dollars a year. Each group is self-supporting through its own contributions (O-Anon, no date).

O-Anon came into existence in the mid nineteen eighties. As of January, 1991, there were sixty-seven O-Anon family groups throughout the world: two in Canada, one in Ireland, and sixty-four in the United States. A Great Falls Montana parent group officially became registered with the O-Anon General Service Office at that time. The Great Falls group is sixty-fourth in the United States and sixty-seventh in the world. It is, presently, the only registered O-Anon group in Montana (O-Anon, op cit).

This group began a couple of years ago with about three or four couples who were parents of children with eating disorders. These parents recognized a need for parent to parent support and began meeting with a counselor from a Great Falls treatment center.

In September, 1990, the parent group, which had been meeting twice monthly with a counselor as facilitator, began showing an interest in connecting nationally with other parents in other groups. O-Anon was suggested and inquiries were made.

In October, 1990, the parents decided that one meeting a month would be an O-Anon meeting, while the other monthly meeting would remain facilitated by the treatment center counselor. Although both groups are usually attended by most of the parents, Great Falls now has two parent groups. One is an O-Anon Parent/Family Group. The other is a treatment center group facilitated by a counselor.

The O-Anon group has no other affiliations, so is not

connected with the treatment center. "The only requirement for membership is that there be a problem of food abuse in a relative or friend" (O-Anon, op cit). The O-Anon group is open to parents, other family members, relatives, and friends of those with eating disorders.

The International Association of Eating Disorders Professional, Inc., or IAEDP, was founded in 1985, for the purpose of developing competency and training standards for eating disorders counselors and therapists. Another purpose was to devise and implement a system for certifying qualified professionals (Klein, 1990).

Today, IAEDP is accepting applications for both membership and certification. Membership benefits include: discounts on functions such as the Annual International Eating Disorders Conference, networking with others, employment opportunities, information on worldwide activities, and a newsletter, the Counselor Quarterly. Criteria for certification are included in the Certification Manual available for fifteen dollars (Klein, op cit).

PROCEDURES

This is a three part investigation. First, The Parent Group Survey Questionnaire was sent to thirty-five places treating those with compulsive and addictive disorders. The same questionnaire was also sent to eight high schools to determine if there was any interest from the schools. All eight of the high schools returned the questionnaires and all eight showed an interest in the survey. Since very little parent group information was obtained, a second questionnaire was devised and sent to twenty-five Montana schools. Thirdly, letters were sent to national and international eating disorders associations requesting parent group information.

Part I. The Parent Group Survey

In November, 1990, Questionnaire A,1, The Parent Group Survey, was sent to thirty-five Montana treatment centers and places serving those with compulsive and addictive disorders. Questionnaire A,1 was also sent to Deans of Students of eight Montana high schools. Thirty of the thirty-five treatment places and all eight of the high schools returned the questionnaire.

The questionnaires were sent to try to find answers to the following questions.

1. Are there any groups in Montana for parents

of children with eating disorders?

2. Are there any plans of such groups being formed in Montana?
3. Is there any interest in Montana, in forming groups for parents of children with eating disorders?

Part II. The School Questionnaire

In December, 1990, Questionnaire A,2, The School Questionnaire, was sent to the thirteen Montana AA high schools and the twelve IHE's (Institutions of Higher Education). All thirteen high schools and seven of the IHE's returned the questionnaires.

The school questionnaire was sent to locate resources for parents of children with eating disorders. These questionnaires were sent in an attempt to answer the following questions.

1. Who can a parent contact for information if they have a child with an eating disorder?
2. What services are available to their student with an eating disorder?
3. What services, if any, can the school offer for parents of children with eating disorders?

Part III. Letters To National And International Associations

Letters were sent to four national and one international

eating disorders associations in December of 1990 (see Appendix B). One world organization was contacted by phone in October, 1990, and in February, 1991. One national organization was contacted by phone in December, 1990. Information on parent groups for parents of children with eating disorders was sought.

Additional information for parents to use as resources was sought, such as the following.

1. Information on the eating disorders.
2. How to start a support group.
3. How to become a member of the association.
4. How to order the newsletter.
5. Names, addresses, and phone numbers for parents to contact for information and help when dealing with anorexia nervosa, bulimia, or a related eating disorder in a child.

RESULTS

The results from this study are in three parts, following the three-part investigation in the procedure section.

Part I. Parent Group Survey Results

Of forty-three questionnaires sent out thirty-eight were returned. Thirty of the thirty-five treatment places and all eight of the high schools returned the questionnaires. The Parent Group Survey asked three questions.

1. Are there groups in Montana for parents of children with eating disorders?

Total answers:	26 - No
	12 - Yes
Treatment Center answers:	22 - No
	8 - Yes
High School answers:	4 - No
	4 - Yes

2. Are there any plans for parent groups being formed in Montana?

Total answers:	34 - No
	4 - Yes, possibly
Treatment Center answers:	26 - No

4 - Yes, possibly

High school answers: 8 - No

0 - Yes

3. Is there any interest in Montana in forming groups for parents of children with eating disorders?

Total answers: 7 - No

31 - Yes, possibly

Treatment Center answers: 7 - No

23 - Yes, possibly

High school answers: 0 - No

8 - Yes, possibly

Part II. Montana resources

Billings

SCHOOL:	Billings Senior High School
CONTACT:	Katie Link
ADDRESS:	425 Grand Avenue Billings, Montana 59101
PHONE:	(406) 255-3630
SERVICES FOR STUDENTS:	Discussion and education in tenth grade health class Eating disorders group meets once a week All eight counselors are knowledeagable about eating disorders
SERVICES FOR PARENTS:	None

SCHOOL:	Billings West High School
CONTACT:	Cher Rafferty
ADDRESS:	2201 St. John's Avenue Billings, Montana 59102
PHONE:	(406) 255-3670 Ext. 234
SERVICES FOR STUDENTS:	Support group meetings once a week Education and awareness through health classes, psychology classes, and group meetings Referral and resource services Individual counseling
SERVICES FOR PARENTS:	Counselor or nurse is available if parents request

Billings, continued

SCHOOL: Eastern Montana College

CONTACT: Linda Crummett

ADDRESS: 1500 North 30th
Billings, Montana 59101

PHONE: (406) 657-2153

SERVICES FOR STUDENTS: Individual counseling
Education through student Health Service programs

SERVICES FOR PARENTS: None

SCHOOL: Rocky Mountain College

CONTACT: Cynthia Becker

ADDRESS: 1511 Poly Drive
Billings, Montana 59102

PHONE: (406) 657-1049

SERVICES FOR STUDENTS: Individual counseling
Referral, if student has funds available
Counseling on self-esteem assertiveness, skill development, and defining priorities
Eating disorders groups
Overeaters Anonymous
St. Vincent's Eating Disorders Group
Downtown Eating Disorders Group
Books and tapes available from Rimrock Foundation

SERVICES FOR PARENTS: None

Billings, continued

SCHOOL:	Skyview High School
CONTACT:	School Nurse
ADDRESS:	1775 High Sierra Blvd. Billings, Montana 59105
PHONE:	(406) 255-3650
SERVICES FOR STUDENTS:	Individual counseling Referrals Unit on nutrition in Sophomore health class
SERVICES FOR PARENTS:	None

Bozeman

SCHOOL:	Bozeman Senior High School
CONTACT:	Counselors
ADDRESS:	205 North 11th Bozeman, Montana 59715
PHONE:	(406) 585-1668
SERVICES FOR STUDENTS:	Individual counseling Biblio-therapy Referrals to counselors, groups, and Overeaters Anonymous Groups, as needed
SERVICES FOR PARENTS:	Referral

Butte

SCHOOL:	Butte High School
CONTACT:	All staff - Counselors, Psychologist, Nurse
ADDRESS:	401 South Wyoming Butte, Montana 59701
PHONE:	(406) 723-4312
SERVICES FOR STUDENTS:	No services specifically for students with eating disorders
SERVICES FOR PARENTS:	Psychologist, Counselors, and Nurses are available

SCHOOL:	Montana College of Mineral Science and Technology
CONTACT:	Paul Beatty
ADDRESS:	West Park Street Butte, Montana 59701
PHONE:	(406) 496-4198 (406) 496-4243
SERVICES FOR STUDENTS:	Student health center General counseling Referrals Support groups in past
SERVICES FOR PARENTS:	None

Great Falls

SCHOOL:	Charles M. Russell High School
CONTACT:	Mikie Messman
ADDRESS:	228 17th Avenue NW Great Falls, Montana 59404
PHONE:	(406) 791-2374
SERVICES FOR STUDENTS:	Support groups Aftercare support groups (for those recovering in Twelve Step programs) Individual counseling Referral to outside agencies Education and awareness about the eating disorders Use of books and pamphlets
SERVICES FOR PARENTS:	Support Referral and Resource

SCHOOL:	College of Great Falls
CONTACT:	Counselors
ADDRESS:	1301 20th Street South Great Falls, Montana 59405
PHONE:	(406) 761-8210
SERVICES FOR STUDENTS:	Individual counseling Referrals to a treatment center Possibly begin a group
SERVICES FOR PARENTS:	Counselor is available if parents request Referral to community agencies

Great Falls, continued

SCHOOL:	Great Falls High School
CONTACT:	Charmayne Bell
ADDRESS:	1900 2nd Avenue South Great Falls, Montana 59405
PHONE:	(406) 791-2176
SERVICES FOR STUDENTS:	Support groups Individual counseling Referral to medical personnel or treatment
SERVICES FOR PARENTS:	Referral to agencies in the community

PARENT GROUP:	Great Falls O-Anon Parent/ Family Group
CONTACT:	Nancy G.
PHONE:	(406) 453-2545
MEETING TIME/DAY:	7:00 p.m., 3rd Tuesday of the month
ADDRESS:	920 4th Avenue North Great Falls, Montana 59401
WHO CAN ATTEND:	Parents, family members, relatives, and friends of food abusers
FEE:	Free

Great Falls, continued

PARENT GROUP:	Rocky Mountain Treatment Center Family Member Eating Disorder Support Group
CONTACT:	Pegge McCluey Mary Huntington-Lehner
PHONE:	(406) 727-8832
MEETING TIME/DAY:	7:00 p.m., 1st Tuesday of the month
ADDRESS:	920 4th Avenue North Great Falls, Montana 59401
WHO CAN ATTEND:	Open
FEE:	Free

PARENT CONTACT:	Joyce Damm Gary Damm
PHONE:	(406) 761-3392

PARENT CONTACT:	Kathy Davis Gary Davis
PHONE:	(406) 453-2303

PARENT CONTACT:	Nancy Getten Al Getten
PHONE:	(406) 453-2545

Great Falls, continued

PARENT CONTACT: Colleen Hueth

PHONE: (406) 452-5891

PARENT CONTACT: Karen Rindal
Gary Rindal

PHONE: (406) 453-8305

PARENT CONTACT: Joan Trost
Del Trost

PHONE: (406) 727-7831

Havre

SCHOOL:	Northern Montana College
CONTACT:	Kristi Townsend
ADDRESS:	Havre, Montana 59501
PHONE:	(406) 265-6653
SERVICES FOR STUDENTS:	Individual counseling Groups, upon request Student Wellness Program
SERVICES FOR PARENTS:	None

Helena

SCHOOL:	Capital High School
CONTACT:	School Nurse/Director of Student Services
ADDRESS:	100 Valley Drive Helena, Montana 59601
PHONE:	(406) 442-8600
SERVICES FOR STUDENTS:	Individual counseling Group as needed Referral to appropriate agencies Nurse will conduct a five-appointment diet and emotional recall session
SERVICES FOR PARENTS:	None

SCHOOL:	Helena High School
CONTACT:	No special contact person
ADDRESS:	1300 Billings Avenue Helena, Montana 59601
PHONE:	(406) 442-8090
SERVICES FOR STUDENTS:	Individual counseling Referral to community agencies
SERVICES FOR PARENTS:	None

Kalispell

SCHOOL:	Flathead High School
CONTACT:	Joan Sazansky
ADDRESS:	644 4th Avenue West Kalispell, Montana 59901
PHONE:	(406) 756-5081
SERVICES FOR STUDENTS:	Care Program Support groups Encourage students to seek professional help
SERVICES FOR PARENTS:	None

SCHOOL:	Flathead Valley Community College
CONTACT:	George Shryock
ADDRESS:	777 Grandview Drive Kalispell, Montana 59901
PHONE:	(406) 752-5222
SERVICES FOR STUDENTS:	Individual counseling Referral Support group each spring quarter (open to non-college students also)
SERVICES FOR PARENTS:	Phone consultation

Libby

PARENT CONTACT:	Linda Leimbach
ADDRESS:	394 North Central Road Libby, Montana 59923
PHONE:	(406) 293-3205

Missoula

SCHOOL:	Big Sky High School
CONTACT:	Lee Ann Schaff
ADDRESS:	3100 South Avenue West Missoula, Montana 59801
PHONE:	(406) 728-2401
SERVICES FOR STUDENTS:	Referral services Individual counseling
SERVICES FOR PARENTS:	None

SCHOOL:	Hellgate High School
CONTACT:	Rick Burell//Carol Holte
ADDRESS:	900 South Higgins Avenue Missoula, Montana 59801
PHONE:	(406) 728-2402
SERVICES FOR STUDENTS:	Counseling Support groups Inservices for all staff
SERVICES FOR PARENTS:	Meetings with parents for high risk students

Missoula, continued

SCHOOL:	Sentinel High School
CONTACT:	Eddie Bennett
ADDRESS:	901 South Avenue West Missoula, Montana 59801
PHONE:	(406) 728-2403
SERVICES FOR STUDENTS:	Concerned person's group meets twice a week Peer counseling presents information A counselor deals with treating eating disorders
SERVICES FOR PARENTS:	Consult upon request Referral to community therapists

SCHOOL:	University of Montana
CONTACT:	Betty Miller/Jackie Day
ADDRESS:	Missoula, Montana 59812
PHONE:	(406) 243-4711
SERVICES FOR STUDENTS:	Brief therapy Referral Group may be offered Out reach presentations aimed at prevention, early detection, and treatment
SERVICES FOR PARENTS:	None

Part III. National and International Resources

AA/BA

NAME:	American Anorexia/Bulimia Association, Inc. (AA/BA)
ADDRESS:	AA/BA Inc. 418 East 76th Street New York, NY 10021
PHONE:	(212) 734-1114
SERVICES OFFERED:	Membership A quarterly newsletter Support groups for sufferers of anorexia nervosa and other eating disorders Support groups for parents, other family members and friends of those afflicted Monthly informational meetings Information on activities, publications, and broadcasts Community education programs Educational conferences Referrals for medical and psychological services A speaker's bureau Research A telephone helpline

AA/BA Of Philadelphia

NAME: American Anorexia/Bulimia Association of Philadelphia

ADDRESS: AA/BA of Philadelphia
Philadelphia Child Guidance Clinic
34th Street and Civic Center Boulevard
Philadelphia, PA 19104

PHONE: (215) 750-7087

SERVICES OFFERED:
- Membership
- A quarterly newsletter
- Support groups for sufferers of anorexia nervosa and other eating disorders
- Support groups for parents, other family members and friends of those afflicted
- Monthly informational meetings
- Information on activities, publications, and broadcasts
- Community education programs
- Educational conferences
- Referrals for medical and psychological services
- A speaker's bureau
- Research
- A telephone helpline

ANRED

NAME:	Anorexia Nervosa and Related Eating Disorders Inc. (ANRED)
ADDRESS:	ANRED, Inc. Post Office Box 5102 Eugene, OR 97405
PHONE:	(503) 344-1144
SERVICES OFFERED:	Membership A monthly newsletter Suggestions for support groups Disseminates information to anorexics, bulimics, families, schools, and health professionals Conducts workshops and seminars Trains counselors and psychotherapists Provides speakers Works with Sacred Heart Hospital to provide treatment for those with eating disorders

BASH

NAME:	Bulimia Anorexia Self-Help, Inc. (BASH)
ADDRESS:	BASH, Inc. Post Office Box 39903 St. Louis, MO 63139
PHONE:	(314) 768-3292 (314) 768-3838 1-800-762-3334
SERVICES OFFERED:	A monthly newsletter Self-help support groups for victims of anorexia nervosa and bulimia Self-help support groups for parents and family members Educational meetings Disseminates information on research, treatment, self-help, and other related topics A Public Primer on Eating Disorders with detailed descriptions of the eating disorders A Facilitator's Training Manual A speaker's forum A twenty-four hour phone line Treatment for eating disorders through the BASH treatment center

IAEDP

NAME:	International Association of Eating Disorders Professionals, Inc. (IAEDP)
ADDRESS:	IAEDP, Inc. 34213 Coast Highway Suite E Dana Point, CA 92629
PHONE:	(714) 248-1150 (714) 248-8851 (FAX)
SERVICES OFFERED:	Membership A quarterly newsletter Information on worldwide activities Networking with other eating disorders professionals Employment opportunities for professionals working with eating disorders Certification

NAAS

NAME:	National Anorexic Aid Society, Inc. (NAAS)
ADDRESS:	NAAS, Inc. 1925 East Dublin-Granville Road Columbus, OH 43229
PHONE:	(614) 436-1112 (614) 846-2833 (614) 848-9900
SERVICES OFFERED:	Membership A quarterly newsletter A packet on developing and managing self-help support groups Information about the eating disorders An international referral list of professionals and and support groups A speaker's bureau A hotline A bibliography An eating disorders library with books and video tapes Harding Hospital treatment for eating disorders

ANAD

NAME:	National Association of Anorexia Nervosa and Associated Disorders, Inc. (ANAD)
ADDRESS:	ANAD, Inc. Box 7 Highland Park, IL 60035
PHONE:	(312) 831-3438
SERVICES OFFERED:	Membership A quarterly newsletter Self-help groups for victims of anorexia nervosa and other eating disorders Self-help groups for parents of those afflicted A packet and booklet for developing support groups Information and referrals Information about the eating disorders List of therapists, hospitals and clinics treating eating disorders Education programs Counseling

O-ANON

NAME:	O-Anon
ADDRESS:	O-Anon General Service Office (GSO) Post Office Box 4305 San Pedro, CA 90731
PHONE:	(213) 547-1570
SERVICES OFFERED:	Membership A quarterly newsletter A Twelve Step recovery program for parents, relatives, and friends of food abusers

DISCUSSION

What is in store for parents who suspect or discover their child has anorexia nervosa or a related eating disorder? What course do parents have when the pediatrician diagnosis anorexia nervosa, bulimia, or another eating disorder in their child? What hope or help is available when the family is in turmoil, the parents are in crisis, and the child with the eating disorder is in "control"?

The parent group is one response to this emergency. The Parent Group Survey was sent out to determine if there are any parent groups or plans of parent groups being formed in Montana, for parents of children with eating disorders. It was also sent out to detect if there is any interest in Montana in forming such groups.

Of thirty-eight returned questionnaires, twenty-six reported no knowledge of a parent group in Montana. Five of the twelve who reported they knew of a group, referred to the Great Falls groups. Of the remaining seven, one reported the existence of a group for parents of children with addictive disorders. The other six reported they knew of a group but did not give the names of the group or a phone number. These six gave no additional information or gave general information, such as, "check with the local hospitals" or "possibly a group through a treatment center or women's center". Thirty-four of the thirty-eight returns reported no knowledge of parent groups being formed in

Montana. The remaining four answered they knew or possibly knew of a group being formed but gave no additional information. None of the respondents indicated they had plans of starting such a group.

Although concrete evidence of parent groups in Montana was fairly negative, the interest part of the questionnaire showed more positive results. Thirty-one of thirty-eight respondents indicated they were interested in parent groups being formed in Montana and were interested in the results from this study.

Because the researcher was unable to get much information for Montana parents about parent groups and because response from the schools seemed favorable, a second questionnaire was devised and sent to the schools. The hope was to find resources for parents from the schools or at least to give parents a contact person and a telephone number. The questionnaire was an attempt to find someone in the schools who was familiar with eating disorders and who could work with the parents and the student who was suffering from the eating disorder. It was also an attempt to let parents know what services are available to their student with an eating disorder.

Although the schools do not report many services for parents of children with eating disorders they do report services for the students. Parents can expect that the schools will provide services for their students with an eating disorder and may be available to them for consultation

and referral.

Since only a limited amount of parent group information surfaced in Montana, letters were sent and phone calls were made to five national and two international eating disorders associations.

Of the five national associations, three are affiliated with hospital treatment units: Bulimia Anorexia Self-Help (BASH) with Deaconess Hospital in St. Louis, Missouri; Anorexia Nervosa and Related Eating Disorders (ANRED) with Sacred Heart Hospital in Eugene, Oregon; and the National Anorexia Aid Society (NAAS) with Harding Hospital in Worthington, Ohio. All five national associations either proposed a specific model of self-help or support group for parents and family members, or they offered suggestions and help with starting such groups.

One national association was found to have connections in Montana and that was ANAD, The National Association of Anorexia Nervosa and Associated Disorders. This association had for two and a half years had an ANAD support group in Libby, Montana.

All five of the national groups offered either a quarterly or a monthly newsletter and all, except BASH, Bulimia Anorexia Self-Help, offered membership. The groups also offered information on the eating disorders, research, treatment, and related topics. Most had referral lists for medical and psychological treatment and had community education and awareness programs. They all gave a telephone

number and an address for anyone needing further information.

One of the international associations, The International Association of Eating Disorders Professional, IAEDP, offers membership and certification to professionals working in the field of eating disorders. Although this association did not offer support groups for parents, parents could possibly use it as a resource when dealing with the professionals who treat their children.

O-Anon, the other world organization, offers a Twelve Step Program to parents, family members, relatives, and friends of food abusers. The O-Anon meetings are led by a parent of other person attending the meeting and there is no official membership for those attending. The only requirement for membership is being related to or being a friend of someone who abuses food. Members offer each other their experience, strength, and hope of recovery. The groups are registered with the GSO, General Service Office, so there is a connection worldwide but the groups have no other affiliation. Great Falls, Montana, has the first O-Anon Parent/Family Group in Montana.

There is another parent group in Great Falls, Montana, a treatment center family member group, which is facilitated by a treatment center professional. This group does not follow any of the national models exactly, but rather evolved from the needs of the parents who started it and who attend it.

The various parent group models and suggestions

presented here are only guidelines. Parent groups are not presented as a substitute for medical or psychological treatment. They can, however, be used as one source of support, self-help, and healing for parents.

This researcher found no negative reports about parent groups for parents of children with eating disorders. It did not seem to matter what kind of parent group or what model, if any, was followed. Parent groups for parents of children with eating disorders seems to be a very positive experience for parents. Sometimes, just having a phone number of another parent who has been through what you are going through can make a difference in your life.

Parents who come to the parent group feeling isolated, helpless, and hopeless learn to trust in themselves again, to build on their own strengths, to unite as a couple and to allow, even to force, their special daughter to become independent. They learn to survive the crisis of anorexia nervosa, bulimia, and other eating disorders.

More research is needed so that professionals in the field of eating disorders will recognize the value of parent to parent contact and the parent group as a source of help for families of victims of anorexia nervosa and other eating disorders. More studies are needed so that parents of children with eating disorders can find a parent group or a parent contact.

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